DOCUMENT RESUME

ED 414 669 EC 306 014

AUTHOR	Stone, Patrick
TITLE	Educating Children Who Are Deaf or Hard of Hearing: Auditory-Oral. ERIC Digest #E551.
INSTITUTION	ERIC Clearinghouse on Disabilities and Gifted Education, Reston, VA.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO	EDO-EC-96-6
PUB DATE	1997-08-00
NOTE	4p.
CONTRACT	RI93002005
AVAILABLE FROM	ERIC Clearinghouse on Disabilities and Gifted Education, Council for Exceptional Children, 1920 Association Dr., Reston, VA 20191-1589; toll-free telephone: 800-328-0272.
PUB TYPE	ERIC Publications (071) -- ERIC Digests in Full Text (073)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Assistive Devices (for Disabled); *Auditory Training; Children; *Deafness; Elementary Secondary Education; Hearing Aids; *Hearing Impairments; Outcome Based Education; Parent Participation; Program Evaluation; *Speech Skills; *Verbal Communication
IDENTIFIERS	Cochlear Implants; ERIC Digests

ABSTRACT

This digest provides an overview of the auditory-oral approach used for developing communication skills in children who are deaf or hard of hearing. The approach is based on the fundamental premise that acquiring competence in spoken language is a realistic goal for children who are deaf or hard of hearing and is best developed in an environment in which spoken communication is used exclusively in the home and the classroom. The digest includes information on: (1) the elements of the auditory-oral approach that are critical to its success, including parent involvement, appropriate amplification (hearing aids or cochlear implants), consistent quality speech training to develop speech production skills, developmentally appropriate language instruction, and a range of placement options; (2) the ability of most children with hearing loss to benefit from an auditory-oral approach; (3) the benefits of an auditory-oral approach, including being able to communicate directly with a wide variety of individuals; (4) the limitations of the auditory-oral approach, including problems of auditory functioning, language processing, and different learning styles; and (5) questions to ask before choosing a program or school, such as whether the school/program offers parent education and support and has a full range of placement options. (CR)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ERIC Clearinghouse on Disabilities and Gifted Education
THE COUNCIL FOR EXCEPTIONAL CHILDREN
1920 Association Drive • Reston, VA 20191-1589
1-800-328-0272
E-mail: ericec@cec.sped.org Internet: http://www.cec.sped.org/ericec.htm

ERIC Digest

August 1997 EDO-EC-96-6
E551

Educating Children Who Are Deaf or Hard of Hearing: Auditory-Oral

Patrick Stone

ED 414 669

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

EC 306014

BEST COPY AVAILABLE

ERIC Clearinghouse on Disabilities and Gifted Education
THE COUNCIL FOR EXCEPTIONAL CHILDREN
1920 Association Drive • Reston, VA 20191-1589
1-800-328-0272
E-mail: ericec@cec.sped.org Internet: http://www.cec.sped.org/ericec.htm

ERIC Digest

August 1997 EDO-EC-96-6
E551

Educating Children Who Are Deaf or Hard of Hearing: Auditory-Oral

Patrick Stone

What is meant by the "auditory-oral" approach?

The auditory-oral approach is based on the fundamental premise that acquiring competence in spoken language, both receptively and expressively, is a realistic goal for children who are deaf or hard of hearing. Further, this ability is best developed in an environment in which spoken communication is used exclusively. This environment includes both the home and the classroom (Adams, Fortier, Schiel, Smith, & Soland, 1990; Stone, 1988). Elements of the auditory-oral approach that are critical to its success include:

1. *Parent involvement.* Parental involvement and education are the bases for success in an auditory-oral approach. Acquiring effective speech and language requires that parents play an active role in their child's education. Early intervention efforts focus on educating parents to become effective communication partners. Classroom efforts involve supporting classroom activities and goals while advocating for their child.
2. *Appropriate amplification.* The auditory-oral approach places a premium on consistent use of appropriate amplification. Each child's needs are evaluated individually and monitored carefully over time with modifications being made as necessary. Hearing aids are the first choice; however, for children whose severity of loss limits the success of a hearing aid, cochlear implants are a viable option. Given the power and flexibility of current hearing aids and the availability of cochlear implants, it is realistic to expect almost every child with a hearing loss to hear speech at conversational levels.

   Teaching children to use whatever hearing they have to further the acquisition of spoken language is basic to the auditory-oral approach. Although begun before school, oral intervention continues in the classroom. The four levels of listening skill development are detection, discrimination, identification, and comprehension. Because the purpose of developing listening skills is to further spoken language competence, speech is the primary stimulus used in listening activities (Ling & Ling, 1980).
3. *Consistent quality speech training.* Developing speech production skills (duration, loudness, pitch, and articulation) requires skilled teachers who work individually with children wearing appropriate amplification. Instruction is carried on at two complementary levels: the phonetic (developing proficiency with isolated syllables) and the phonologic (developing proficiency with words, phrases, and sentences). Skills are developed at the phonetic level and practiced immediately at the phonologic level. This is crucial as meaningful communication is the goal and serves to stimulate further development. Children are typically working at two or three stages at each level at any given time.
4. *Developmentally appropriate language instruction.* Language is best learned in child-centered, naturalistic situations as opposed to didactic, teacher-directed activities, where students develop useful communication rather than memorize lists of vocabulary and rules of grammar.
5. *Range of placement option.* Effective implementation of the auditory-oral approach requires that a continuum of placement options be available. Individual sessions for infants and their caregivers, and self-contained or mainstreamed placements in preschool and elementary school are necessary options. The particular placement for an individual child will depend on his or her social, communication, and learning skills. (See ERIC Digest E557 for a discussion of inclusion.)

Who can choose an auditory-oral option?

Given current amplification technology (i.e., powerful and flexible hearing aids, FM systems, cochlear implants), it is reasonable and realistic to expect most children with hearing loss to hear at conversational levels. This makes an auditory-oral education a possibility for the large majority of such children, given appropriate support. However, the crucial role parents play in such an education makes it imperative that they make a conscious and informed decision about the communication approach that best fits their situation.

What are the benefits of an auditory-oral approach?

The primary benefit is being able to communicate directly with a wide variety of individuals. This ability brings with it options in terms of education, vocation, and social life. Geers and Moog (1989) reported that 88% of the 100 16- and 17-year-olds they studied had proficiency with spoken language and had high levels of speech intelligibility. The average reading ability of these students was at 13- to 14-year-old levels, which is approximately double the national average for all children who are deaf.

What are the limitations of the auditory-oral approach?

As with every approach to educating children who are deaf or hard of hearing, not all children will be successful. Unanswered questions remain about auditory functioning (even some hearing children cannot use their hearing well), language processing (some children may also have additional language disorders), and learning styles (some learning styles inhibit the attention and vigilance needed to develop orally). As research provides more information, the small number of children who cannot benefit from auditory-oral education will diminish. Fortunately, the availability

EC 306014

of effective amplification removes severity of hearing loss as a limitation of auditory-oral education.

What are some questions to ask before choosing this option?

The primary question to ask is whether the philosophy and goals of auditory-oral education match the family's philosophy, goals, and ability to participate in their child's education. If the answer is "yes," more specific questions need to be asked of schools and/or programs under consideration:

- Does the school/program
  - offer comprehensive parent education and support?
  - have a certified audiologist available?
  - have in place a consistent philosophy and practices designed to foster the development of each child's listening skills?
  - utilize a recognized speech curriculum that provides for acquisition of speech skills in a developmental progression?
  - employ a language curriculum that is consistently used and includes appropriate child-centered activities?
  - have available a full range of adequately staffed placement options?
- Do the children appear happy and outgoing? Are they using speech and language that is understandable?
- Are the parents of children in the school or program knowledgeable about its philosophy and curricula?
- Do parents feel adequately informed about their child's strengths, weaknesses, and progress?
- What percentage of graduates have intelligible speech?
- What percentage of graduates have continued their education beyond high school?

References and Additional Resources

Adam, A., Fortier, P., Schiel, G., Smith, M., & Soland, C. (1990). *Listening to learn*. Washington, DC: Alexander Graham Bell Association for the Deaf.

Geers, A., & Moog, J. (1989). Factors predictive of the development of literacy in profoundly hearing-impaired adolescents. *Volta Review, 91*, 69-86.

Ling, D., & Ling, A. (1980). *Aural habilitation*. Washington, DC: Alexander Graham Bell Association for the Deaf.

Simmons-Martin, A. & Rossi, K. (1990). *Parents and teachers: Partners in language development*. Washington, DC: Alexander Graham Bell Association for the Deaf.

Stone, P. (1988). *Blueprint for conversational competence* Washington, DC: Alexander Graham Bell Association for the Deaf.

Alexander Graham Bell Association for the Deaf, 3417 Volta Place, NW, Washington, DC 20007, (202) 337-5220.

The Alexander Graham Bell Association for the Deaf is an international organization of parents, oral hearing-impaired adults, and professionals dedicated to ensuring that every child with a hearing loss grows up given the opportunity to learn spoken language.

Dr. Stone is Director of the Tucker-Maxon School for the Deaf in Portland, Oregon and a past president of the AG Bell Association for the Deaf and the Council on Education of the Deaf.

ERIC DIGESTS are in the public domain and may be freely reproduced and disseminated.

This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under contract no. RR93002005. Any opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department of Education.